

GRANT COUNTY
COMMISSIONERS AGENDA MEETING REQUEST FORM
(Must be submitted to the Clerk of the Board by 12:00pm on Thursday)

REQUESTING DEPARTMENT: Renew

DATE: 11/1/2023

REQUEST SUBMITTED BY: Linze Greenwalt

PHONE: x5470

CONTACT PERSON ATTENDING ROUNDTABLE: Dell Anderson

CONFIDENTIAL INFORMATION: ☒ YES ☐ NO

TYPE(S) OF DOCUMENTS SUBMITTED: (CHECK ALL THAT APPLY)

- | | | | |
|--|---|--|--|
| <input checked="" type="checkbox"/> Agreement / Contract | <input type="checkbox"/> AP Vouchers | <input type="checkbox"/> Appointment / Reappointment | <input type="checkbox"/> ARPA Related |
| <input type="checkbox"/> Bids / RFPs / Quotes Award | <input type="checkbox"/> Bid Opening Scheduled | <input type="checkbox"/> Boards / Committees | <input type="checkbox"/> Budget |
| <input type="checkbox"/> Computer Related | <input type="checkbox"/> County Code | <input type="checkbox"/> Emergency Purchase | <input type="checkbox"/> Employee Rel. |
| <input type="checkbox"/> Facilities Related | <input type="checkbox"/> Financial | <input type="checkbox"/> Funds | <input type="checkbox"/> Hearing |
| <input type="checkbox"/> Invoices / Purchase Orders | <input type="checkbox"/> Grants – Fed/State/County | <input type="checkbox"/> Leases | <input type="checkbox"/> MOA / MOU |
| <input type="checkbox"/> Minutes | <input type="checkbox"/> Ordinances | <input type="checkbox"/> Out of State Travel | <input type="checkbox"/> Petty Cash |
| <input type="checkbox"/> Policies | <input type="checkbox"/> Proclamations | <input type="checkbox"/> Request for Purchase | <input type="checkbox"/> Resolution |
| <input type="checkbox"/> Recommendation | <input type="checkbox"/> Professional Serv/Consultant | <input type="checkbox"/> Support Letter | <input type="checkbox"/> Surplus Req. |
| <input type="checkbox"/> Tax Levies | <input type="checkbox"/> Thank You's | <input type="checkbox"/> Tax Title Property | <input type="checkbox"/> WSLCB |

SUGGESTED WORDING FOR AGENDA: (Who, What, When, Why, Term, cost, etc.)

Provider Agreement with Community Health Plan of Washington (CHPW) to
provide behavioral health services to Medicaid clients. Renew is currently
contracted with CHPW. Effective 1/1/2024

FISCAL / BUDGET IMPACT:

Please contact accounting to complete a Financial Request Form prior to submission.

LEGAL REVIEW:

If this document requires legal review, route to legal for review prior to submission.

BOCC ACTION: (To Be Completed by BOCC Staff)

DATE OF ACTION: _____

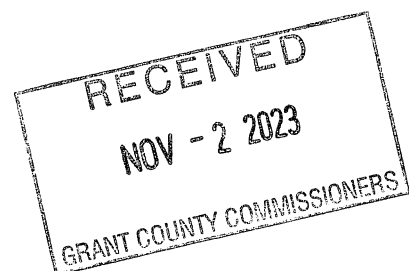
DEFERRED OR CONTINUED TO: _____

APPROVE: DENIED ABSTAIN

D1: _____

D2: _____

D3: _____



The following document has been withheld from
the online materials:

Provider Agreement with Community Health Plan of
Washington (CHPW)

Pursuant to RCW 42.56 a copy of this document will
be provided upon request by contacting the Public
Records Officer at
publicrecordsofficer@grantcountywa.gov.